

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Rainer Hochsmann et al.

Application No.: 10/559,920

Group No.: 1725

Filed: 04/20/2006

Examiner: Lin, Ing Hour

For: METHOD FOR THE LAYERED CONSTRUCTION OF MODELS

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.

## STATUS

- Applicant is other than a small entity.

## EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

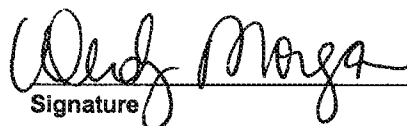
## FEE FOR CLAIMS

- The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|       | (Col. 1)  | (Col. 2)    | (Col. 3) | OTHER THAN A SMALL ENTITY |        |      |
|-------|-----------|-------------|----------|---------------------------|--------|------|
|       | CLAIMS    |             |          |                           |        |      |
|       | REMAINING | HIGHEST NO. | PRESENT  |                           | ADDIT. |      |
|       | AFTER     | PREVIOUSLY  | EXTRA    | RATE                      | FEE    |      |
|       | AMENDMENT | PAID FOR    |          |                           |        |      |
| TOTAL | 18        | 20          | = 0      | x \$ 50.00                | = \$   | 0.00 |

## CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being sent via EFS to USPTO.GOV:

Date: 11-19-07

  
Signature
Wendy Morgan

(type or print name of person certifying)

|   |   |   |   |   |   |   |    |            |   |    |      |
|---|---|---|---|---|---|---|----|------------|---|----|------|
| INDEP.                                    | 3 | - | 3 | = | 0 | x | \$ | 210.00     | = | \$ | 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |   |   |   |   | + | \$ | 0.00       | = | \$ | 0.00 |
|   |   |   |   |   |   |   |    | TOTAL      |   |    |      |
|   |   |   |   |   |   |   |    | ADDIT. FEE |   | \$ | 0.00 |

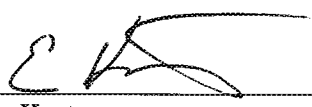
No additional fee for claims is required.

#### FEE DEFICIENCY

5. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date: Nov. 19, 2007

  
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